

#### **BUSINESS LICENSE COMMISSION**

#### **COUNTY OF LOS ANGELES**

374 KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET LOS ANGELES, CA 90012 (213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

June 25, 2014

Russell T. Harvey Casa Escobar Malibu Beach, LLC 22969 Pacific Coast Hwy Malibu, CA 90265

# HEARING ON APPLICATION FOR ENTERTAINMENT-GEN. W/ DANCE/ ANNUAL DANCE BUSINESS LICENSE ID #140683

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday**, **July 9, 2014** at **9:00 a.m**. in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

#### RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a professional/certified interpreter or other person who is <u>fluent</u> in both English and your native language. If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.

Sincerely,

STEVEN AFRIAT President

Lupe Duron Commission Staff

# NOTICE TO PRINTER STATE LAW REQUIRES THAT THIS LEGAL ADVERTISEMENT SHALL BE SET IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

CUSTOMER CODE: Z 91085

NEWSPAPER :..... METROPOLITAN NEWS ENTERPRISE

#### **PUBLISH 3 TIMES**

REPRINTS ORDERED: NONE

#### NOTICE OF HEARING TO CONDUCT

#### ENTERTAINMENT-GEN. W/DANCE / ANNUAL DANCE

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE COMMISSION TO CONDUCT

#### ADVANCE PROOF REQUESTED

22969 PACIFIC COAST HWY
MALIBU, CA 90265
CASA ESCOBAR MALIBU BEACH LLC /
RUSSELL T. HARVEY / DBA CASA
ESCOBAR MALIBU BEACH
07/09/2014
09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD RELATIVE THERETO"

#### OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION 500 W. TEMPLE STREET RM. 374 LOS ANGELES, CA 90012

#### **RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR BUSINESS LICENSE SECTION 225 N. HILL STREET RM. 109 LOS ANGELES, CA 90012



#### Los Angeles County Treasurer and Tax Collector

### **Application for Business License**



Please note: Business License fees are NOT refundable

Fee: \$ 2,866.00

ID# 14068 3

	BUSINESS INFORM	MATION
Type of Business: Dance	Address of Busines	Pacific CODET HUY, 902
	ertainment Business Tolophon	Pacific CODST HWY. 902
'sstaraun'	Perfainment Business Telephon	310 457 6655
DBA (Business Name):	Mailing Address:	1
Casa Esechur Malibo B	each LLS Sam	e-1
Sellers Permit # (State Board of Equa	nlization): 102 44 601	7
Business Ownership Structure: If LLC or Corporation, the informatio	Single Owner Partnersh n below is required:	nip LLC _i Corporation
Date of Incorporation: 1 - 24	-/) Incorporated in the	State of:
Exact Corporate Name: C454 8:		LC:
Names of Officers	Addresses	Cull 9/36 Titles
Kythenine Escoper Hari	44	Manager and Member
Russell T. Harvey	10	Member
Craig Austin	/	Mem ber
,		Manhak
	*.	fremo (7
	APPLICANT INFORI	MATION
Applicant's Full Name: / WSSe/	1 1	
Home Address:	1 _	
Home Telephone:	C-IVN	
nome reiephone:	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Rirth-
Driver's License or State ID#:	<u> </u>	Expiration Date:
Male Female Height	Moicht	leiu Celler
Male A Tentale Height	Weight H	air Coloi Eye Color
The information contained herein is t	rue and correct to the hest of my kn	owledge and belief. As a condition of the issuance of the
license applied for, I agree to submit	any additional information that may	be required, to conduct all phases of this business
license in accordance with regulation	s established for such business and t	to maintain all trucks and/or equipment that may be
used in connection therewith in confe	rmance with all applicable laws, or	dinances and regulations.
6 98 13		
Date: 8-28-13	Applicant's Signature:	asel / Jany
	11.0	
Application taken by:	Mb	Date: 8-78-13





225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

## BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS:	ENTERTAINMENT-GEN.	W/DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 457-6655

OWNER OF BUSINESS: RUSSELL T HARVEY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC

MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

		<u>APPROVED</u>	<u>DATE</u>	<b>SIGNATURE</b>
	1. Animal Care & Control			
	2. Risk Management	<del></del>	ning nings	Apage as a second property of the second prop
X	3. Building & Safety	YES	08/30/13	dmiles
X	4. Fire Department	YES	04/03/14	dmiles
	5. Public Health	<u>.                                    </u>		
X	6. Treasurer & Tax Collector	YES	03/26/14	dmiles
X	7. Business License Commission			
	8. Sheriff Department	Mary made made to made		The state of the s
X	9. Regional Planning Commission	YES	03/28/14	dmiles
	10. Weights and Measures	·		
X	11. Publishing	YES	06/12/14	tchen
	12. Public Works - EPD		glighting	
X	13. Sheriff Fingerprint	YES	04/30/14	tchen

Conditions:





225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

## BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 457-6655

OWNER OF BUSINESS: RUSSELL T HARVEY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC

MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

		<u>APPROVED</u>	<u>DATE</u>	<b>SIGNATURE</b>
	1. Animal Care & Control			
	2. Risk Management			
X	3. Building & Safety	YES	08/30/13	dmiles
X	4. Fire Department	YES	04/03/14	dmiles
	5. Public Health	*		
X	6. Treasurer & Tax Collector	YES	03/26/14	dmiles
X	7. Business License Commission			
	8. Sheriff Department			
X	9. Regional Planning Commission	YES	03/28/14	dmiles
	10. Weights and Measures			
X	11. Publishing	YES	06/12/14	tchen
	12. Public Works - EPD			
X	13. Sheriff Fingerprint	YES	04/30/14	tchen

Conditions:

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

KIND OF BUSINESS: E	NTERTAINMENT-GEN. W/DAN	CE	
ADDRESS OF BUSINES	SS: 22969 PACIFIC COAST HW	Y, MALIBU, CA 90265	
TELEPHONE: (310) 457	·-6655		
OWNER OF BUSINESS:	RUSSELL T HARVEY		
CAL. DR. LIC.#:		,	
NAME OF PERSON FIN	GERPRINTED:		
FICTITIOUS NAME: CA	ASA ESCOBAR MALIBU BEACH	LLC	
MAILING ADDRESS: 2	2969 PACIFIC COAST HWY, I	MALIBU, CA 90265	
DATE THAT YOU STAF	CTED BUSINESS:		
PREVIOUS OWNER'S N	AME, IF KNOWN:		
THIS IS AN APPLICATION	ON FOR: NEW LICENSE		
——————————————————————————————————————			<del></del>
·	BUILDING &	SAFETY	
	MALIB	U	
		DENIAL	
RECOMMENDATION:	CUPA 11-601 9	7 CUP 09-009	
-	Cover condition	s of operation	
SIGNATURE: M	nff	DATE: 8/29/13	
BASIC LICENSE NO. 2809	DATE 08/29/13	IDENTIFICATION NUMBE	R 140683

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

#### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE
ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265
TELEPHONE: (310) 457-6655
OWNER OF BUSINESS: RUSSELL T HARVEY
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC
MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR: NEW LICENSE
BUILDING & SAFETY
MALIBU
APPROVAL DENIAL
RECOMMENDATION: CUPA 11-001 & CUP 09-009
Cover conditions of operation
SIGNATURE: DATE: 8/29/13

DATE 08/29/13

**IDENTIFICATION NUMBER 140683** 

BASIC LICENSE NO. 2020



225 N. Hill Sweet Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



#### **BUSINESS LICENSE** APPLICATION REFERRAL

FIRE DEPARTMENT				
THIS IS AN APPLICATION FOR: NEW LICENSE	W 1 5 6 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
PREVIOUS OWNER'S NAME, IF KNOWN:	,			
DATE THAT YOU STARTED BUSINESS:				
MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265				
FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC				
NAME OF PERSON FINGERPRINTED:				
CAL, DR. LIC.#:				
OWNER OF BUSINESS: RUSSELL T HARVEY				
TELEPHONE: (310) 457-6655				
ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265				
KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE	Aug Teach			
-	<b>.</b>			

# LA COUNTY

	APPROVAL	<u>.</u>	1	DENIAL	
RECOMMENDATION:					•
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SIGNATURE			DATE:	4-3-14	
BASIC LICENSENO 2809	DATE 03	1/28/14		IDENTIFICATION NUMBER 140683	



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



#### EUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE	1
ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265	
TELEPHONE: (310) 457-6655	
OWNER OF BUSINESS: RUSSELL T HARVEY	
CAL. DR. LIC#:	
NAME OF PERSON FINGERPRINTED:	
FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC	
MAILING ADDRESS: 22969 FACIFIC COAST HWY, MALIBU, CA 90265	
DATE THAT YOU STARTED BUSINESS:	
Previous owner's name, if known:	
THIS IS AN APPLICATION FOR: NEW LICENSE	
**************************************	
FIRE DEPARTMENT	

# APPROVAL DENIAL RECOMMENDATION: SIGNATURE: DATE: DATE: DATE: DATE: DATE: DATE: DATE: DATE: DENIAL DENIAL DENIAL

LA COUNTY

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

KIND OF BUSINESS: EN	TERTAINMENT-GEN. W/DA	NCE	
ADDRESS OF BUSINESS	: 22969 PACIFIC COAST H	WY, MALIBU, C	A 90265
TELEPHONE: (310) 457-	6655		
OWNER OF BUSINESS:	RUSSELL T HARVEY		
CAL. DR. LIC.#:			
NAME OF PERSON FING	ERPRINTED:		•
FICTITIOUS NAME: CA	SA ESCOBAR MALIBU BEAC	CH LLC	
MAILING ADDRESS: 22	969 PACIFIC COAST HWY,	MALIBU, CA 90	265
DATE THAT YOU STAR	TED BUSINESS:		
PREVIOUS OWNER'S NA	ME, IF KNOWN:		
THIS IS AN APPLICATION	N FOR: <b>NEW LICENSE</b>		
	TREASURER & T	AX COLLEC	CTOR
	LA CO	UNTY	
	APPROVAL		DENIAL
RECOMMENDATION: _			
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	7		
SIGNATURE		DATE:	3-26-14
BASIC LICENSE NO. 2809	DATE <b>08/29/1</b>	3	IDENTIFICATION NUMBER 140683

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

KIND OF BUSINESS: ANNUAL D	ANCE	
ADDRESS OF BUSINESS: 22969	PACIFIC COAST HWY, M	MALIBU, CA 90265
TELEPHONE: (310) 457-6655		
OWNER OF BUSINESS: RUSSELI	T HARVEY	
CAL. DR. LIC.#:		
NAME OF PERSON FINGERPRINT	ED:	
FICTITIOUS NAME: CASA ESCOI	BAR MALIBU BEACH LLC	
MAILING ADDRESS: 22969 PAC	IFIC COAST HWY, MAL	BU, CA 90265
DATE THAT YOU STARTED BUSI	NESS:	
PREVIOUS OWNER'S NAME, IF KI	NOWN:	
THIS IS AN APPLICATION FOR: N	EW LICENSE	
TRF	ASURER & TAX C	OLI ECTOP
	LA COUNTY	OLLECTOR
APP	ROVAL	DENIAL
RECOMMENDATION:		
SIGNATURE:		DATE: 3-26-14
BASIC LICENSE NO. 2020	DATE <b>08/29/13</b>	IDENTIFICATION NUMBER 140683



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**IDENTIFICATION NUMBER 140683** 

#### **BUSINESS LICENSE** APPLICATION REFERRAL

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KIND OF BUSINESS:	ENTERTAINMENT-GEN. W	V/DANCE		
ADDRESS OF BUSINI	ESS: 22969 PACIFIC COAS	T HWY, MALIBU, CA 9	0265	÷
TELEPHONE: (310) 45	7-6655			•
OWNER OF BUSINES	S: RUSSELL T HARVEY			·
CAL. DR. LIC.#:				•
NAME OF PERSON FIR	NGERPRINTED:	<i>,</i>		•
FICTITIOUS NAME: C	'ASA ESCOBAR MALIBU BI	EACH LLC		
MAILING ADDRESS:	22969 PACIFIC COAST HW	Y, MALIBU, CA 90265		
DATE THAT YOU STA	RTED BUSINESS:	· .		
PREVIOUS OWNER'S 1	JAME, IF KNOWN:		*	
THIS IS AN APPLICAT	ION FOR: NEW LICENSE			
			·	
		AL PLANNING		
	Ŋ	MALIBU		
	APPROVAL		DENIAL	
RECOMMENDATION:	CUP 09-009	i a CUPA	11-00/	
	cover cond	itions of ope	eration	
		D V		
SIGNATURE: W	mf	DATE:	3/27/14	
BASIC LICENSE NO. 2809	DATE 03/2	26/14	IDENTIFICATION NI	MRRP 140693

DATE 03/26/14



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



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KIND OF BUSINESS:	ANNUAL DANCE		
ADDRESS OF BUSINE	ESS: 22969 PACIFIC COAST I	HWY, MALIBU, CA 90265	
TELEPHONE: (310) 45	7-6655		
OWNER OF BUSINES	S: RUSSELL T HARVEY		
CAL. DR. LIC.#:	:		
NAME OF PERSON FI	NGERPRINTED:		
FICTITIOUS NAME: O	CASA ESCOBAR MALIBU BEA	CH LLC	•
MAILING ADDRESS:	22969 PACIFIC COAST HWY	, MALIBU, CA 90265	
DATE THAT YOU STA	RTED BUSINESS:		
PREVIOUS OWNER'S I	NAME, IF KNOWN:		
THIS IS AN APPLICAT	ION FOR: NEW LICENSE		•
	·····		
	REGIONA	L PLANNING	
	· ·	ALIBU	
•	APPROVAL	☐ DENIAL	:
RECOMMENDATION:	CUP 09-009.	+ CUPA 11-001	
	Cover conduti	ins of operations	
SIGNATURE: MM	ings	DATE: 3/27	114
BASIC LICENSE NO. 2020	DATE 03/26	/14 IDENTIFICAT	ION NUMBER 140683



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



KIND OF BUSINESS: ENTERTAINMENT-G	CEN. W/DANCE					
ADDRESS OF BUSINESS: 22969 PACIFIC	COAST HWY, MALIBU, CA 90265					
TELEPHONE: (310) 457-6655						
OWNER OF BUSINESS: RUSSELL T HARV	EY					
CAL. DR. LIC#:						
NAME OF PERSON FINGERPRINTED:						
FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC						
MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265						
DATE THAT YOU STARTED BUSINESS:	·					
PREVIOUS OWNER'S NAME, IF KNOWN:						
THIS IS AN APPLICATION FOR: NEW LICENSE						
***************************************						
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SHERI	FF FINCED DOTNE					
SHERI	FF FINGERPRINT LA COUNTY					
SHERI	·					
	•					
APPROVAL	LA COUNTY					
	LA COUNTY					
APPROVAL	LA COUNTY					
RECOMMENDATION: Applaces	LA COUNTY					
APPROVAL	LA COUNTY					
RECOMMENDATION: Approval  GONATURE: 2008	DENIAL					

BASIC LICENSE NO. 2020

04/29/2014 13:57 FAX



#### COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

PAWN

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



#### BUSINESS LICENSE APPLICATION REFERRAL

	,		
KIND OF BUSINESS: AN			
ADDRESS OF BUSINESS	22969 PACIFIC COAST	THWY, MALIBU, CA 9026	<b>.</b>
TELEPHONE: (310) 457-60	555		
OWNER OF BUSINESS:	RUSSELL T HARVEY	•	
CAL. DR. LIC#:			
NAME OF PERSON FING	ERPRINTED:	·	
FICTITIOUS NAME: CAS	SA ESCOBAR MALIBU B	EACH LLC	
MAILING ADDRESS: 22	969 PACIFIC COAST HV	VY, MALIBU, CA 90265	
DATE THAT YOU STAR	TED BUSINESS:		
PREVIOUS OWNER'S NA	IME, IF KNOWN:		
THIS IS AN APPLICATIO	IN FOR: NEW LICENSE		
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	SHERIF	F FINGERPRINT	
	. I	A COUNTY	
		<b>-</b>	
	APPROVAL	<u>                                     </u>	DENIAL
THE COLOR SERVICE A TECNIA	Apporter		
RECOMMENDATION:			
	:		
SIGNATURE:	V 200	DATE:	4/24/14
DANCE AND ARREST	: DATE.	04/29/14	IDENTIFICATION NUMBER 140683

DATE 04/29/14